

Forest Service – Emergency Firefighter Payments OF-288 Audit Procedures

Fiscal Approving Officers (Certifying Officers) shall assure the OF-288's submitted for payment to the EFF Pay Center are casual hires and that the OF-288 is reviewed for the following:

- Block 2. Social Security Number: **Legible and matches I-9 and W-4**
- Block 4. Type of Employment: **Verify individual is a Forest Service Casual.** Do not submit OF-288's for State or Rural workers that will be paid by the State and billed back to the Forest Service.
- Block 6. Hired At: Enter **Unit Identifier Code** for the location hired at, i.e., ID-BOF for Boise National Forest
- Block 10. Name: **Legible**
- Block 11. Address: **Legible check mailing address**
- Blocks 12 thru 14. City, State and Zip Code: **Completed and legible**
- Block 20. Fire Location Identification Columns A thru D: These are **critical fields to review**:
 - # 2 Fire Number: **Enter Incident Order Number i.e., AL-ALF-101.** This is the key field for financial data in the EFF Pay system. It is essential this field is correct
 - # 3 Unit Code: **Enter Unit Code of the unit establishing the job code**, i.e., 0601 for Region 6, Deschutes NF
 - # 4 Fire Location: **Location the individual is working**
 - # 5 State: **Enter State code (Example: AL)**
 - # 6 Firefighter Classification: **Enter AD class AND incident job title, i.e., AD-2 FFT2**
 - # 7 Rate: Enter the appropriate pay rate from the AD Pay Plan. **Assure AD-5 rates are consistent with Pay Plan for Emergency Workers and Geographical Area Supplements.**
 - 12. Time Officer's Signature: **Completed and legible**
 - The column totals do not need to be audited.
- Block 21. Section D Accounting Classification: **Enter Job Code assigned to incident i.e., P41234.** You do not need to carry forward the rate, hours and totals unless there is more than one job code being charged.
- Block 25. Employee Signature: **Completed**
- Block 26. Time Officer Signature: **Completed and legible**

Staple multiple time sheets for the same individual together with the earliest dates on top. Transmit to the EFF Pay Center with letter from Approving Official.

Sample Emergency Firefighter Time Report for Casuals

EMERGENCY FIREFIGHTER TIME REPORT										1. Identification Number F 7100627							
2. Social Security Number 111-22-333		3. Initial Employment (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4. Type of Employment (X one) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other													
5. Transferred From		6. Hired At ID-BOF		7. Employee Has (X one) <input checked="" type="checkbox"/> Seen <input type="checkbox"/> Out		8. Entitled To Return Travel Time (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled to Return Transportation (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
ZIP CODE MUST BE ENTERED BELOW										IN CASE OF ACCIDENT NOTIFY							
10. Name (First, Middle, Last) Smockey T. Bear					15. Name Susie Bear												
11. Street Address 101 Forest Ave.					16. Street Address SAME												
12. City Nampa		13. State ID		14. Zip Code 83631		17. City		18. State		19. Telephone No. (include Area Code) 208/483-1131							
20. FIRE LOCATION IDENTIFICATION																	
Column A			Column B			Column C			Column D								
1. Fire Name River Road			1. Fire Name			1. Fire Name			1. Fire Name								
2. Fire No. ID-BOF-4111 0402			2. Fire No.			2. Fire No.			2. Fire No.								
3. Unit Code 0402			3. Unit Code			3. Unit Code			3. Unit Code								
4. Fire Location BOISE NF			4. Fire Location			4. Fire Location			4. Fire Location								
5. State ID			5. State			5. State			5. State								
6. Firefighter Classification AD-5			6. Firefighter Classification			6. Firefighter Classification			6. Firefighter Classification								
7. Rate 24.00			7. Rate			7. Rate			7. Rate								
8. Date and Time a. Year 2000			8. Date and Time a. Year			8. Date and Time a. Year			8. Date and Time a. Year								
b. Month 04			b. Month			b. Month			b. Month								
c. Day 04			c. Day			c. Day			c. Day								
d. Start 0700			d. Start			d. Start			d. Start								
e. Stop 1100			e. Stop			e. Stop			e. Stop								
f. Hours 4.0			f. Hours			f. Hours			f. Hours								
g. Total Hours 38.5			g. Total Hours			g. Total Hours			g. Total Hours								
10. Gross Amount (Item 7 x Item 9) 924.00			10. Gross Amount (Item 7 x Item 9)			10. Gross Amount (Item 7 x Item 9)			10. Gross Amount (Item 7 x Item 9)								
11. Inclusive Dates 8/4-6/00			11. Inclusive Dates			11. Inclusive Dates			11. Inclusive Dates								
12. Time Officer's Signature <i>Tom Ralper</i>			12. Time Officer's Signature			12. Time Officer's Signature			12. Time Officer's Signature								
13. Date Signed 8/6/00			13. Date Signed			13. Date Signed			13. Date Signed								
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.												22. Commodity Record					
K. Comm. 80,2000												a. Date		b. Item		c. Amount	
L. Rate 24.00																	
M. Hours 38.5																	
N. Accounting Classification P 41630																	
O. Object Class 1193																	
P. Amount 924.00																	
Gross																	
Salary																	
or																	
Equip.																	
Rental																	
Total																	
23. Remarks 924.00																	
NOTE: The above items are correct and proper for payment from available appropriations.																	
25. Employee (Signature) <i>Smockey Bear</i>																	
26. Time Officer (Signature) <i>Tom Ralper</i>																	
Equipment (Rate 1985) for supported with OF-294 and OF-297.																	
NSN 7540-01-124-7833																	
COPY 1 - FILE COPY																	
OPTIONAL FORM 288 (Rev. 3/83) USDA/USDI 50288-102																	